

UNITED STATES DISTRICT COURT

for the

Northern District of California

TIMOTEO GOMEZ

Plaintiff

v.

PACHYNSKI, et al.

Defendant

Civil Action No. CV 08-01995 CRB

Summons in a Civil Action

To: *(Defendant's name and address)*

see Attachment

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Timoteo Gomez, F01170, San Quentin State Prison, 1B22, San Quentin, CA 94974

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: August 27, 2008

Richard W. Wieking

Name of clerk of court

Keila Raso

Deputy clerk's signature

Proof of Service

I declare under penalty of perjury that I served the summons and complaint in this case on _____,
by:

(1) personally delivering a copy of each to the individual at this place, _____;
_____ ; or

(2) leaving a copy of each at the individual's dwelling or usual place of abode with _____
who resides there and is of suitable age and discretion; or

(3) delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is
_____ ; or

(4) returning the summons unexecuted to the court clerk on _____ ; or

(5) other (specify) _____

_____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

Date: _____

Server's signature

Printed name and title

Server's address

Attachment to Civil Summons:

Case No. C 08-1995 CRB

Dr. Pachymski
San Quentin State Prison
San Quentin, CA 94974

Chief Medical Officer Tootell
San Quentin State Prison
San Quentin, CA 94974

Dr. Nancy Bronson
San Quentin State Prison
San Quentin, CA 94974

Dr. Davie Wu
San Quentin State Prison
San Quentin, CA 94974

Nurse Elsa Moore
San Quentin State Prison
San Quentin, CA 94974

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Timoteo Gomez	COURT CASE NUMBER C 08-1995 CRB
DEFENDANT Dr. Pachynski, et al.	TYPE OF PROCESS Summons, Order and Complaint

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Nurse Elsa Moore

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

San Quentin State Prison, San Quentin, CA 94974

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Timoteo Gomez F 01170
San Quentin State Prison
1B22
San Quentin, CA 94974

Number of process to be
served with this Form 285

3

Number of parties to be
served in this case

5

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2099

DATE

8/27/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)Name and title of individual served (*if not shown above*)☐ A person of suitable age and discretion
then residing in defendant's usual place
of abodeAddress (*complete only different than shown above*)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including *endeavors*)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

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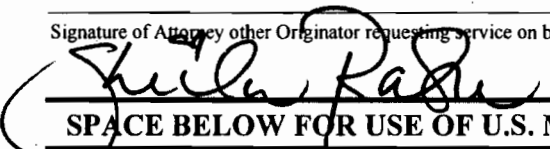
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Davie Wu
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) San Quentin State Prison, San Quentin, CA 94974

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Timoteo Gomez F 01170 San Quentin State Prison 1B22 San Quentin, CA 94974	Number of process to be served with this Form 285	3
	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (415) 522-2099	DATE 8/27/08
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date</td> <td>Time</td> </tr> <tr> <td></td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> </table>	Date	Time		<input type="checkbox"/> am <input type="checkbox"/> pm
Date	Time				
	<input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy _____					

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

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Rev. 12/15/80
Automated 01/00

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U.S. Department of Justice
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PLAINTIFF Timoteo Gomez	COURT CASE NUMBER C 08-1995 CRB
DEFENDANT Dr. Pachynski, et al.	TYPE OF PROCESS Summons, Order and Complaint

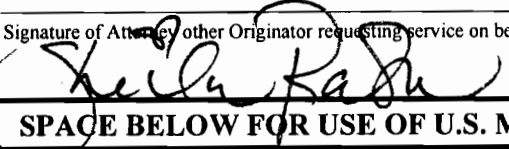
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	Dr. Nancy Bronson
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) San Quentin State Prison, San Quentin, CA 94974

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Address (<i>complete only different than shown above</i>)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

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Automated 01/00

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DEFENDANT Dr. Pachynski, et al.	TYPE OF PROCESS Summons, Order and Complaint

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AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Chief Medical Officer Tootel

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

San Quentin State Prison, San Quentin, CA 94974

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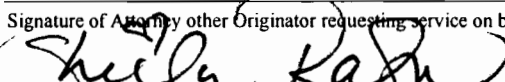
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